



Town of Mendon

Board of Health

20 Main Street, Mendon, Massachusetts 01756

Phone Number (508) 634-2656

Fax Number (508) 478-8241

boh@mendonma.gov

Septic System Repair Program

Loan Application and Instructions

All of the information requested in this application must be filled out for your application to be considered. In addition to filling out the application, you will need to provide copies of the following items:

1. The septic system inspection report indicating the septic system failed.
2. Three (3) repair/replacement estimates from licensed installers.
3. A list of any other expenses that may be incurred pertaining to the repair or installation of the septic system (engineer fees, septic pumping fees, application fees, etc.)
4. A copy of the deed or legal description of the property indicating that you are the current owner.

Please return the completed application to :

Mendon Board of Health
20 Main Street
Mendon, MA 01756

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE IT WILL BE
REVIEWED AND VOTED ON BY THE BOARD OF HEALTH. INCOMPLETE
APPLICATIONS WILL BE RETURNED.**



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Septic System Repair Program

Loan Application Form

Section 1

Homeowner Information: (Only the Owner of the property can apply for assistance)

Owner Last Name: _____ First Name: _____

Owner Last Name: _____ First Name: _____

Owner Last Name: _____ First Name: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email address _____

Section 2

Septic System to be repaired:

Street Address: _____
(if different from address listed above)

This property is: _____ single family _____ multi- family _____ Other (describe) _____

The current septic system is: _____ conventional _____ cesspool _____ other(describe) _____

Do you occupy the property or a unit on the property? _____ Yes _____ No

Has this property's septic system failed and inspection? _____ Yes _____ No

Have you attached a copy of the inspection report/proof of failure? _____ Yes _____ No

Have you attached a copy of the legal deed of the property? _____ Yes _____ No

Please use this space to explain any "No" responses from above, or any other information you feel will help us.

Section 3

Repair information:

Please provide a brief description of the repairs you will be making with this loan assistance.

In order to receive assistance in the program, you must get written repair estimates from three (3) licensed septic installers/contractors.

Have you received three repair estimates? _____ Yes _____ No
(if so, please attach them to this application)

Which licensed installer have you selected? _____
(the choice of installer is up to you) _____

Did you chose the contractor with the lowest bid? _____ Yes _____ No
(if not please provide a brief explanation)

Please provide a breakdown of the funds you would like to borrow. Include copies of receipts for any work you have already paid out of pocket (engineering, inspection fees etc.)

Amount of contractor estimate \$ _____

Engineering and design \$ _____

Inspections \$ _____

Board of Health fees \$ _____

Additional costs (provide detail below)

Total amount you would like to borrow: \$ _____

Section 4

Location of septic system, streams, and other property identifiers

Please provide a sketch of the location of your septic system below. If possible, indicate the location of the tank, leach field, cesspool, or other septic components. Also indicate the location and approximate distance to nearby streams, wetlands, or other environmentally sensitive areas.

Street name:
